



Commonwealth of Virginia  
Department of Mines, Minerals and Energy  
Division of Gas and Oil  
P.O. Box 1416; Abingdon, VA 24212  
Telephone: (276) 676-5423

Permit Number: \_\_\_\_\_

### COMPLETION REPORT

Well type: ☐ Oil ☐ Gas ☐ Coalbed Methane ☐ Injection Well

Date Well Completed: \_\_\_\_\_ Total Depth: \_\_\_\_\_

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: \_\_\_\_\_ Formation Stimulated With: \_\_\_\_\_  
Perforated \_\_\_\_\_ to \_\_\_\_\_ No. of Perforations \_\_\_\_\_ Perforation Size \_\_\_\_\_  
Formation Broke down at: \_\_\_\_\_ PSIG Average Injection Rate: \_\_\_\_\_ (PSIG)  
ISIP \_\_\_\_\_ (PSIG) MIN SIP. \_\_\_\_\_ (PSIG) Average Downhole Injection Pressure \_\_\_\_\_ (PSIG)  
Stimulated: ☐ Yes ☐ No Date Stimulated: \_\_\_\_\_

ZONE 2: \_\_\_\_\_ Formation Stimulated With: \_\_\_\_\_  
Perforated \_\_\_\_\_ to \_\_\_\_\_ No. of Perforations \_\_\_\_\_ Perforation Size \_\_\_\_\_  
Formation Broke down at: \_\_\_\_\_ PSIG Average Injection Rate: \_\_\_\_\_ (PSIG)  
ISIP \_\_\_\_\_ (PSIG) MIN SIP. \_\_\_\_\_ (PSIG) Average Downhole Injection Pressure \_\_\_\_\_ (PSIG)  
Stimulated: ☐ Yes ☐ No Date Stimulated: \_\_\_\_\_

ZONE 3: \_\_\_\_\_ Formation Stimulated With: \_\_\_\_\_  
Perforated \_\_\_\_\_ to \_\_\_\_\_ No. of Perforations \_\_\_\_\_ Perforation Size \_\_\_\_\_  
Formation Broke down at: \_\_\_\_\_ PSIG Average Injection Rate: \_\_\_\_\_ (PSIG)  
ISIP \_\_\_\_\_ (PSIG) MIN SIP. \_\_\_\_\_ (PSIG) Average Downhole Injection Pressure \_\_\_\_\_ (PSIG)  
Stimulated: ☐ Yes ☐ No Date Stimulated: \_\_\_\_\_

FINAL RODUCTION: \_\_\_\_\_ Natural \_\_\_\_\_ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled \_\_\_\_\_ MCFD \_\_\_\_\_ Hours Tested

\_\_\_\_\_ PS16 \_\_\_\_\_ Hours Tested

Permittee: \_\_\_\_\_ (Company)

By: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

